

QUARTER	
1	~ July-September
2	~ October-December
3	~ January-March
4	~ April-June

SECTION 5311 QUARTERLY REPORT

FOR

DRUG AND ALCOHOL TESTING PROCEDURES

FISCAL YEAR_____

Agency Name:_____

Address:_____

City:_____ Zip:_____ Phone:_____

Contact Person:_____

A. DRUG AND ALCOHOL TESTING INFORMATION

1.

Were any of your safety-sensitive employees selected for Drug/Alcohol testing this quarter?

YES

NO

2.

If yes, please include the following:

a.

Copies of random selection letters to safety-sensitive employees.

b.

Verification that testing occurred.

c.

If a positive test occurred, provide documentation that the employee was removed from his/her safety-sensitive position.

***Please note that if you have subcontractors, they must be submitted with your Quarterly Report.**

Submit Reports to:

MDT – Transit Section

ATTN David Jacobs

PO Box 201001

Helena, MT 59620-1001

